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SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER INITIAL ORIENTATION & TRAINING

PROCEDURE: Abbott iSTAT 1 Creatinine Test

This form is to be used for trainer-supervised initial orientation and training. The newly trained employee must demonstrate competency at the time of initial orientation & training and a second time during the first year. All employees must demonstrate competency on an annual basis thereafter.

EMPLOYEE NAME (Printed):	
TRAINER(s) NAME (Printed)	
LICENSE NUMBER:	HOME UNIT:
I _____ (initials) READ AND UNDERSTAND THE Abbott iSTAT 1 Creatinine Test PROCEDURE.	

<u>STEP 1</u>		
ORIENT TRAINEE TO POINT OF CARE TESTING ENVIRONMENT	Date:	Trainer's Initials:
<input type="checkbox"/> • Location of POCT Policy Manual, Supplies and Reagents, and where to dispose of used materials		
<input type="checkbox"/> • Temperature Monitoring (refrigerator and room and shipments) and corrective actions		
<input type="checkbox"/> • IDA (Clinical Indications, Documentation and Clinical Actions) PLAN		
<u>STEP 2</u>		
INTRODUCTION OF iSTAT Creatinine	Date:	Trainer's Initials:
<input type="checkbox"/> • Purpose and Principle		
<input type="checkbox"/> • Qualified Testing Personnel <ul style="list-style-type: none"> ➤ Requirements: Initial Orientation & Training; Initial Competency and 2nd Competency during first year; and Annual Competency thereafter. ➤ Working Barcode ID indicates approval to perform patient testing. 		
<input type="checkbox"/> • Equipment <ul style="list-style-type: none"> ➤ iSTAT 1 analyzer, Quality Control Solutions, electronic simulators (internal and external), cartridges, Barcode ID, Accessory Box, Blood sample collection materials, printer, approved cleaners, user manual 		
<input type="checkbox"/> • iSTAT 1 Analyzer <ul style="list-style-type: none"> ➤ Analyzer status, Touchscreen, ON/OFF Button, Barcode Scanner Window (Scans Operator ID, Patient ID, Cartridges, Quality Control), Batteries, Infrared Window 		
<input type="checkbox"/> • Downloader – Docking / Charging Station		
<input type="checkbox"/> • Handling and recording maintenance and issues; notification of POCT and Technical Support		
<u>STEP 3</u>		
SPECIMEN AND REAGENTS	Date:	Trainer's Initials:
<input type="checkbox"/> • Specimen Collection and Specimen Stability		
<input type="checkbox"/> • Storage and Stability of iSTAT creatinine Quality Control Solutions		
<input type="checkbox"/> • Storage and Stability of iSTAT creatinine cartridges		
<input type="checkbox"/> • Ordering and receiving		

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STEP 4		
POWERING UP THE METER – Adjusting the Display	Date:	Trainer's Initials:
BARCODE SCAN OPERATOR ID	Date:	Trainer's Initials:
STEP 5		
QUALITY CONTROL	Date:	Trainer's Initials:
<input type="checkbox"/> • When to Perform Electronic Simulator Testing		
<input type="checkbox"/> • How to Perform Electronic Simulator Testing		
<input type="checkbox"/> • When to Perform Liquid Quality Control Testing		
<input type="checkbox"/> • How to Perform Liquid Quality Control Testing		
<input type="checkbox"/> • Verify Control lot number and expiration date		
<input type="checkbox"/> • Verify Cartridge lot number and expiration date		
<input type="checkbox"/> • Recording QC results		
<input type="checkbox"/> • Corrective actions when Quality Control Out of Range		
STEP 6		
PATIENT TESTING PROCEDURE	Date:	Trainer's Initials:
<input type="checkbox"/> • How to Perform iSTAT 1 Creatinine testing		
<input type="checkbox"/> • Actions to be Taken for Values Outside Normal Range		
<input type="checkbox"/> • Result and Test order form and filing with Medical Records		
<input type="checkbox"/> • Electronic Report / Review Results		
STEP 7		
TROUBLESHOOTING (Refer to Procedure)	Date:	Trainer's Initials:
CLEANING / DISINFECTING THE METER	Date:	Trainer's Initials:
INTERFERING SUBSTANCES		
LIMITATIONS OF METHOD	Date:	Trainer's Initials:
MATERIAL SAFETY DATA SHEETS (MSDS)	Date:	Trainer's Initials:

Employee: My signature indicates that I have received this orientation and training in full.

Trainer: My signature indicates that I have reviewed this orientation and training with employee in full.

EMPLOYEE SIGNATURE:	DATE TRAINING COMPLETED:
TRAINER(s) SIGNATURE:	DATE TRAINING COMPLETED:

UPON COMPLETION:

FAX COMPLETED TEST TO POINT OF CARE TESTING SERVICES 415.206.3451 OR BRING COPY TO 2M14